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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑ Declaration Submitted with Initial Filing

□ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number IN01158K **SAKSENA** First Named Inventor COMPLETE IF KNOWN **Application Number** Filing Date July 19, 2001 **Group Art Unit** To Be Assigned **Examiner Name** To Be Assigned

A	s a below named inver	ntor, I hereby declare that:										
м	y residence, post office	address, and citizenship are	as stated below next to my	name.								
l t	pelieve I am the original, ames are listed below) o	first and sole inventor (if on f the subject matter which is	ly one name is listed below claimed and for which a pa	or an original, fi	rst and joint inventor (if pl	ural						
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	he specification of which	1 (Tit	le of the Invention)			_						
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	was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
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l he	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
Table in 39 only to discusse information which is material to patentability as defined in 37 CFH 1.56.												
Ame	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
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	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:											
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.												
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Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.												
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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application

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	Name PALAIYU PALAIYU PALAIYU re that all state true; and furth fine or imprison y patent issue to le or First iven Name (fit) City UPI ddress 53	Number Number Number U.S. or PCT international appentor, I hereby appoint the for Office connected therewith: Name registered practitioner(s) name respondence to: PALAIYUR S. KAL PALAIYUR S. KAL re that all statements made true; and further that these fine or imprisonment, or both any patent issued thereon. Ole or First Inventor: Iven Name (first and middle) City UPPER MON ddress 53 BEVERL)	Number U.S. or PCT international application number	S. Parent Application or PCT Parent Number U.S. or PCT international application numbers are learned. Office connected therewith: Customer Number OR Registered practitioner(s) named on supplemental Registered practitioner or Bar Code Label PALAIYUR S. KALYANARAMAN	U.S. or PCT international application numbers are listed on a serentor, I hereby appoint the following registered practitioner(s) and registered practitioner(s) named on supplemental Registered frespondence to: Customer Number or Bar Code Label PALAIYUR S. KALYANARAMAN Reg. Telephone (908) re that all statements made herein of my own knowledge are true; and further that these statements were made with the fine or imprisonment, or both, under 18 U.S.C. 1001 and the true in the statement is used thereon. Die or First Inventor: Iven Name (first and middle (if anyl)) City UPPER MONTCLAIR State NJ ddress 53 BEVERLY ROAD	S. Parent Application or PCT Parent Number U.S. or PCT international application numbers are listed on a supplemental rentor, I hereby appoint the following registered practitioner(s) to prosecute connected therewith: Customer Number	S. Parent Application or PCT Parent Number U.S. or PCT international application numbers are listed on a supplemental priority data rentor, I hereby appoint the following registered practitioner(s) to prosecute this application of PCR Packet Packet	S. Parent Application or PCT Parent Number Parent Filing Date (MM/DD/YYY)	S. Parent Application or PCT Parent Number Parent Filing Date (MM/DD/YYYY)	Number (MM/DD/YYYY) (if applicable in the following registered practitioner(s) to prosecute this application and to transact all business is coffice connected therewith: Customer Number Registered practitioner(s) name/registration number listed below Registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SE/02C attached here respondence to: Customer Number registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SE/02C attached here respondence to: Customer Number or Bar Code Label PALAIYUR S. KALYANARAMAN Reg. No. 34634 Telephone (908) 298-5068 Fax. (908) 298-5388 Fex that all statements made herein of my own knowledge are knowledge that willful false statements made information and true; and further that these statements under the like strine or imprisonment, or both, under 18 U.S.C. 1001 and that auch willful false statements made propartize the vary patent issued thereon. In a petition has been filed for this unsigned inverse in the patient of the patient of the patient is unsigned inverse in the patien	

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Given Na	me (first and middle [if any]	D				Family Na	me or	Surname	,	
VIYYOOR MOC)PIL			GII	RIJAV/	ALLABHAN	1			
Inventor's Signature								Date		
Residence: City	PARSIPPANY	State	NJ		Country	U.S.A.		Citizens	ship	U.S.A.
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Given Name (first and middle [if any]) Family Name or Sun							Surname	,		
STEPHANE L.			BOGE	N						
Inventor's Signature		Date							T	
Residence: City	SOMERSET	State	NJ		Country	U.S.A.			enship	FRANCE
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RAYMOND G.				LO	VEY					
Inventor's Signature	Date									
Residence: City	WEST CALDWELL	State	NJ		Country	U.S.A		Citize	nship	U.S.A.
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Given Na	ame (first and middle (if any	/I)				Family N	ame or	Sumame		
MEDWIN				JA()					-
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Residence: City	WARREN	State	NJ		Country	U.S.A.		Citizens	ship	U.S.A.
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Name of Additional Joint Inventor, if any:									ventor	
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FRANK BENNETT										
Inventor's Signature								Da	ate	
Residence: City	PISCATAWAY	State	NJ		Country	U.S.A.		Citize	nship	U.K.
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JINPING L.				MC	CORM	1ICK				
Inventor's Signature Date										
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Given Name (first and middle [if any]) Family Name or Sumame										
RUSSELL E.					PIKE					
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Residence: City	STANHOPE	State	NJ		Country	U.S.A.		Citize	nship	U.S.A.
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PATRICK A.				PIN	TO					
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SCOTT JEFFRE	Y	., .,		KE	MP					
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☑ Declaration Submitted with Initial Filing

Typed or printed name

Signature

Declaration
Submitted after Initial OR Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Nun	ber	IN01158K	
First Named Inventor		SAKSENA	
COMPLE	TE II	KNOWN	
Application Number			
Filing Date	Jul	y 19, 2001	
Group Art Unit	То	Be Assigned	
Examiner Name	То	Be Assigned	

As a below named inventor,	hereby declare that:						
My residence, post office addre	ss, and citizenship are	as stated below next to n	ny name.				
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Name of Addition	nal Joint Inventor, if an	ıy:			A petitic	on has been file	ed for t	his unsig	ned in	ventor
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SUSAN Y.	•			TA	MURA	1				
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Submitted with Initial Filing

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Date

Attorney Docket Nun	nber	IN01158K	
First Named Inventor		SAKSENA	
COMPLI	ETE II	FKNOWN	
Application Number			
Filing Date	Jul	ly 19, 2001	
Group Art Unit		Be Assigned	
Examiner Name	То	Be Assigned	

As a below named inve	ntor, i he	reby declare that:						7			
My residence, post office	address,	and citizenship are	as stated below next	to my name.				1			
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was filed on (MM/I	was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
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Given Na	me (first and middle [if any	1)			Family Name or Sumame								
VIYYOOR MOO	PIL				GIRIJAVALLABHAN								
Inventor's									Date				
Residence: City	PARSIPPANY	s	tate	NJ		Country	U.S.A.		Citizen	ship	U.S.A.		
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Residence: City	SOMERSET	s	tate	NJ		Country	U.S.A.		Citize	nship	FRANCE		
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RAYMOND G.					LC	VEY							
inventor's Signature				7					Da	ite			
Residence: City	WEST CALDWELL	Si	tate	NJ		Country	U.S.A		Citize	nship	U.S.A.		
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EDWIN	**			JA	'O						
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FRANK					BENNE	ETT			<u></u> -		
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JINPING L.				MC	CORM	IICK					
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HAIYAN			 	W.A	ANG		- <u>-</u>				
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Residence: City	CRANBURY	State	NJ		Country	U.S.A.		Citizen	ship	CHINA	
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KEVIN X.				СН	EN					
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Residence: City	ISELIN	State	NJ		Country	U.S.A.		Citizen	ship	U.S.A.
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SRINKANTH				,	VENKA	ATRAMAN				
Inventor's Signature								Da	ite	
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PATRICK A.				PIN	ITO	=					
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F. GEORGE				NJC	OROGE	3					
Inventor's Signature								Date			
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Inventor's Signature						Date					
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Name of Addition	Name of Additional Joint Inventor, if any:										
Given Na	me (first and middle [if any	1)			Family Name or Surname						
HENRY A. VACCARO											
Inventor's Signature											
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Post Office Address											
City	SOUTH PLAINFIELI	State	NJ		ZIP	07080	Coun	try [J. S.A		
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for th	is unsigr	ned inv	entor	
Given Na	me (first and middle [if any])		Family Name or Surname							
Inventor's Signature								Da	te		
Residence: City		State		c	Country			Citize	nship		
Post Office Address											
Post Office Address											
City		State			ZIP		C	ountry			

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 8 of 9

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Na	me (first and middle [if any])		Family Name or Sumame							
SCOTT JEFFRE	Y			KE	MР					:	
inventor's Signature								Date			
Residence: City	SAN DIEGO	State	CA	c	ountry	USA		Citizens	hip	USA	
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Post Office Address	15										
City	SAN DIEGO	State	CA		ZIP	92130	Country	y US	A		
Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	n has been file	d for th	is unsign	ed inv	rentor	
Given Name (first and middle [if any])					Family Name or Surname						
ODILE ESTHER	HER LEVY										
Inventor's Signature							Date				
Residence: City	SAN DIEGO	State	CA	c	ountry	USA		Citizer	nship	USA	
Post Office Address	5304 RUETTE DE N	1ER									
Post Office Address								-			
City	SAN DIEGO	State	CA		ZIP	92130	Coun	ntry [JSA		
Name of Addition	nal Joint Inventor, if ar	ıy:			A petitio	n has been file	d for th	is unsign	ed inv	rentor	
Given Na	me (first and middle [if any])				Family Na	me or S	Surname			
MARGUERITA	,			LIM	-WILI	3Y					
inventor's Signature			· 			-	Date				
Residence: City	LA JOLLA	State	CA	c	ountry	USA		Citizer	ship	USA	
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Post Office Address											
City	LA JOLLA	State	CA		ZIP	92037	٥	ountry	USA	A	

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Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor											
Given Na	me (first and middle [if any])		Family Name or Sumame							
SUSAN Y.			T	TAMURA							
Inventor's Signature		Date							_		
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Post Office Address											
City	SANTA FE	State	NM		ZIP	87505	Count	ry US	Α		
Name of Additional Joint Inventor, if any:								ventor			
Given Na	me (first and middle [if any])		Family Name or Sumame							
Inventor's Signature								Da	ite		
Residence: City		State		c	ountry			Citize	nship		
Post Office Address											
Post Office Address											
City		State			ΖΊΡ		Cou	ntry			
Name of Addition	nal Joint Inventor, if an	y:] A	petitio	on has been file	d for t	his unsigi	ned in	ventor	
Given Nar	me (first and middle [if any])			Family Name or Surname							
Inventor's Signature								De	ite		
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